

Personal Information

Name:

Address:

DOB:

Social Security #:

Driver’s License #:       State:       Exp. Date:

Phone: Cell:       Home:       Work:

Email address:

Employer:       Position/Title:

**Spouse/Partner**

Name:

Address:

DOB:

Social Security #:

Driver’s License #:       State:       Exp. Date:

Phone: Cell:       Home:       Work:

Email address:

Employer:       Position/Title:

**Children**

Name:       DOB:       Financially Dependent? [ ]

Name:       DOB:       Financially Dependent? [ ]

Name:       DOB:       Financially Dependent? [ ]

Name:       DOB:       Financially Dependent? [ ]

**Grandchildren**

Name:       DOB:

Parents:

Name:       DOB:

Parents:

Checklist for Financial Planning Engagement

[ ]  Copies of recent pay stubs or income summary

[ ]  Social Security benefit statements

[ ]  Most recent Tax Return

[ ]  Completed Budget Worksheet (next page)

[ ]  Current statements all personal debt including credit cards, student & auto loans

[ ]  Checking, Savings & CD statements

[ ]  Most recent statements from each investment account

[ ]  Retirement plan statements

[ ]  Annuity statements

[ ]  Insurance policy statements (Life, Disability, Long Term Care)

[ ]  Copies of wills, trusts, POA’s

[ ]  If applicable details of trust distributions and family gifts

Names of financial, legal and tax advisors

Any other pertinent information to share with us?

Real Estate

Property Address:

Purchase Year:       Purchase Amount:

Current Value:       Tax Basis:

**Current Mortgage/Home Equity Statements**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Primary Residence** | **Secondary Residence** | **Investment Property #1** | **Investment Property #2** |
| Institution Name |       |       |       |       |
| Loan Type (Mortgage, Home Equity Loan) |       |       |       |       |
| Original Loan Amount  |       |       |       |       |
| Date of Loan |       |       |       |       |
| Current Balance |       |       |       |       |
| As of Date (Current Balance) |       |       |       |       |
| Interest Rate |       |       |       |       |
| Loan Terms (Years) |       |       |       |       |
| Payment Frequency |       |       |       |       |
| Repayment type (P&I or interest only) |       |       |       |       |
| Payment  |       |       |       |       |

Expenses

|  |  |  |
| --- | --- | --- |
| **Description** | **Current Amount**  | **Retire Amount** |

|  |  |  |
| --- | --- | --- |
| Alimony | $  | $  |
| Associations/Dues | $  | $  |
| Automobile Fuel | $  | $  |
| Automobile Insurance  | $  | $  |
| Automobile Maintenance | $  | $  |
| Automobile Payments | $  | $  |
| Basic Expenses | $  | $  |
| Cable/Internet | $  | $  |
| Charity | $  | $  |
| Child Care | $  | $  |
| Child Support | $  | $  |
| Clothing/Dry Cleaning | $  | $  |
| Clothing/Purchases | $  | $  |
| Memberships | $  | $  |
| Discretionary Expenses | $  | $  |
| Entertainment  | $  | $  |
| Food/Dining | $  | $  |
| Food/Groceries | $  | $  |
| Gifts | $  | $  |
| Hobbies | $  | $  |
| Home Furnishings  | $  | $  |
| Home Improvement | $  | $  |
| Home Lawn/Maintenance & Trash | $  | $  |
| Home Security | $  | $  |
| Homeowner’s Association | $  | $  |
| Homeowner’s Insurance | $  | $  |
| Maid Service/Nanny | $  | $  |
| Medical/Doctors & Dentists | $  | $  |
| Medical/General | $  | $  |
| Medical/Health Insurance | $  | $  |
| Medical/Prescriptions | $  | $  |
| Miscellaneous | $  | $  |
| Personal Care | $  | $  |
| Pet Care | $  | $  |
| Professional Fees | $  | $  |
| Property Taxes | $  | $  |
| Subscriptions | $  | $  |
| Telephone | $  | $  |
| Travel  | $  | $  |
| Utilities | $  | $  |
| Vacations | $  | $  |



Thank you for your business!

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